

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>JB</i>		<i>07-10-01</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>MS</i>	<i>7-17-01</i>
<b>FORMALITY REVIEW</b>		<i>SLJ</i>	<i>8/22/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Date	
Final	Original	
1	<i>1-28-01</i>	
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Claim	Date	
Final	Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

6/1  
10/26/01